

National Adult Immunization Summit – It's time

NVAC

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Centers for Disease Control and Prevention

National Vaccine Program Office

Department of Health and Human Services



Adult immunizations

- Substantial disease burden in adults
 - 226,000 hospitalizations and 3,000-49,000 annual influenza-related deaths
 - ~half of all hospitalizations 90% deaths among patients ≥ 65 years old
 - Of ~43,500 cases invasive pneumococcal disease (IPD) in 2009, 85% among adults
 - Nearly all ~5,000 deaths among adults
 - Among >27,000 US pertussis cases in 2010, 6,640 among adults, 4% of which were hospitalized
 - Approximately 1 million cases shingles in US annually



Recommended Adult Immunization Schedule—United States - 2012

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group¹

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influeza ²		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) ^{3,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					Td/Tdap ^a
Varicella ^{4,*}		2 Doses					
Human papillomavirus (HPV) Female ^{5,*}		3 doses					
Human papillomavirus (HPV) Male ^{5,*}		3 doses					
Zoster ⁶						1 dose	
Measles, mumps, rubella (MMR) ^{7,*}		1 or 2 doses				1 dose	
Pneumococcal (polysaccharide) ^{8,9}		1 or 2 doses					1 dose
Meningococcal ^{10,*}		1 or more doses					
Hepatitis A ^{11,*}		2 doses					
Hepatitis B ^{12,*}		3 doses					

*Covered by the Vaccine Injury Compensation Program



For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of prior infection



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)



Tdap recommended for ≥65 if contact with <12 month old child. Either Td or Tdap can be used if no infant contact.



No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications¹

VACCINE ▼	INDICATION ►	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{4,6,7,14}	HIV infection ^{4,7,13,14} CD4+ T lymphocyte count		Men who have sex with men (MSM)	Heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹³ (Including elective splenectomy and persistent complement component deficiencies)	Chronic liver disease	Diabetes, kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
				<200 cells/ μ L	>200 cells/ μ L						
Influenza ²			1 dose TIV annually			1 dose TIV or LAIV annually		1 dose TIV annually			1 dose TIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap) ^{3,*}			Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs								
Varicella ^{4,*}			Contraindicated					2 doses			
Human papillomavirus (HPV) Female ^{5,*}			3 doses through age 26 yrs					3 doses through age 26 yrs			
Human papillomavirus (HPV) Male ^{5,*}			3 doses through age 26 yrs					3 doses through age 21 yrs			
Zoster ⁶			Contraindicated					1 dose			
Measles, mumps, rubella (MMR) ^{7,*}			Contraindicated					1 or 2 doses			
Pneumococcal (polysaccharide) ^{8,9}								1 or 2 doses			
Meningococcal ^{10,*}								1 or more doses			
Hepatitis A ^{11,*}								2 doses			
Hepatitis B ^{12,*}								3 doses			

^{*}Covered by the Vaccine Injury Compensation Program

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of prior infection
 Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
 Contraindicated
 No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2012. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/pubs/acip-list.htm>). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.



U.S. Department of Health and Human Services
Centers for Disease and Prevention

Adult immunizations

- Coverage low, lagging far behind childhood rates and well below HP targets



Seasonal Influenza Vaccination Coverage: 2010-11 Season and Healthy People 2020

Group	2010-11 (%) ¹	Healthy People 2020 (%)
Overall (persons aged \geq 6 months)	43.0	80
Persons \geq 18 yrs	40.5	80
Persons 18-49 yrs, all	30.5	80
Persons 18-64 yrs, high risk	46.7	90
Persons \geq 65 yrs	66.6	90
Healthcare Personnel	63.5 ²	90



1. BRFSS and NIS estimates, 2010-11. Online at: http://www.cdc.gov/flu/professionals/vaccination/coverage_1011estimates.htm
2. Healthcare personnel panel internet survey. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6032a1.htm?s_cid=mm6032a1_w



**National
Vaccine
Program
Office**

Adult Vaccination Coverage: 2008-09 and Healthy People 2020 Targets

Vaccine By Group	2010 NHIS (%)	Healthy People 2020 (%)
Pneumococcal, noninstitutionalized adults 65+	59.7	90
Pneumococcal, noninstitutionalized HR adults 18-64	18.5	60
Shingles (zoster), adults 60+	14.4	30
Hepatitis B, healthcare personnel (3 doses)	63.2	90



Adult immunizations

- Last two decade, numerous reports & recommendations to improve adult IZ rates have been developed
- NVAC adult recommendations in Public Health Reports

<http://www.publichealthreports.org/issueopen.cfm?articleID=2762>



National Adult IZ Summit (NAIS)

- Co-hosted by AMA, CDC, NVPO in conjunction with the annual National Influenza Vaccine Summit (Atlanta, GA)
- May 15-17, 2012 (Tues – Thurs)
 - May 15 – all day (Adult)
 - May 16 – AM (Adult)
 - May 16 – PM (Influenza)
 - May 17 – all day (Influenza)



Organizing principal

- Develop sustainable working groups going forward toward:

Increasing immunization rates and reducing vaccine-preventable diseases by identifying specific actions and implementing plans to carry out actions that will lead to increased vaccine coverage in adults



Main goals of summit

- Convene adult immunization stakeholders that represent all facets of the adult immunization process, from manufacturers to vaccinators to advocacy groups, public health and policy
- Facilitate identification of specific actions to be taken by Summit members that will lead to improvements in vaccine uptake, such as through reducing barriers for payment, increasing access to vaccines and vaccinators, and increasing awareness of adult immunization recommendations



Who are we trying to reach?

- Add potential vaccinators and under-vaccinators
- Improve services of existing vaccinators



Proposed Working Groups (*a priori* n=5)

1. Provider education
2. Patient education
3. Expanding access
4. Quality/performance measures
5. Informing policy/decision-makers



Expectations for sustainability

- Action oriented
 - Prior to first summit, outreach to individual organizations – share vision and working group charge, ask for commitment to lead and participate in working group(s)
- Annual meeting with working groups guided by executive/steering committee
- Broad range of providers among invitees, including medical, pharmacy, public health and community vaccinators
- Ask participants to pledge to a working group and to be active to promote a sustained effort



More information

- Website and registration information slated to be out next week

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